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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CUSTOMER NO. 35811
Docket No.: PMG-05-1321
Confirmation No.: 6281

Art Unit : 2875
Examiner : Jacob Y Choi
Serial No. : 10/675,978
Filed : September 30, 2003
Inventors : Don Post, et al.
Title : MASK WITH PATTERNED LIGHTING

Dated: November 11, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
\$1,420.00 Check
Claim of Extension of Time, in duplicate
Amendment Transmittal Letter, in duplicate
Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

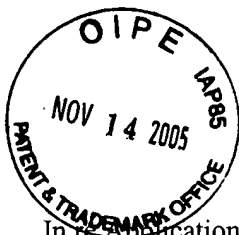
DLA Piper Rudnick Gray Cary US LLP
Customer No. 35811

By: _____

Date: _____

[Handwritten signature]

November 11, 2005



Attorney Docket No.: PMG-05-1321

In re Application of Don Post, et al.

Serial No.: 10/675,978

Filed: September 30, 2003

For: MASK WITH PATTERNED LIGHTING

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	*16	-	** 20=	0
INDEP.	* 5	-	** 3=	2
Application Size Fee				
First Presentation of Multiple Dependent Claim				

RATE	ADD'L FEE
x 25 =	\$
X 100 =	\$
	\$
+180=	\$.

OR

RATE	ADD'L FEE
x50 =	\$
x 200 =	\$400.00
x250=	\$
+360=	\$

TOTAL ADDITIONAL FEE

\$ _____

OR


\$400.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$_____.
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$400.00 is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,



Thomas J. Durling
Reg. No. 31,349
Attorney for Applicants

TJD:rb
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